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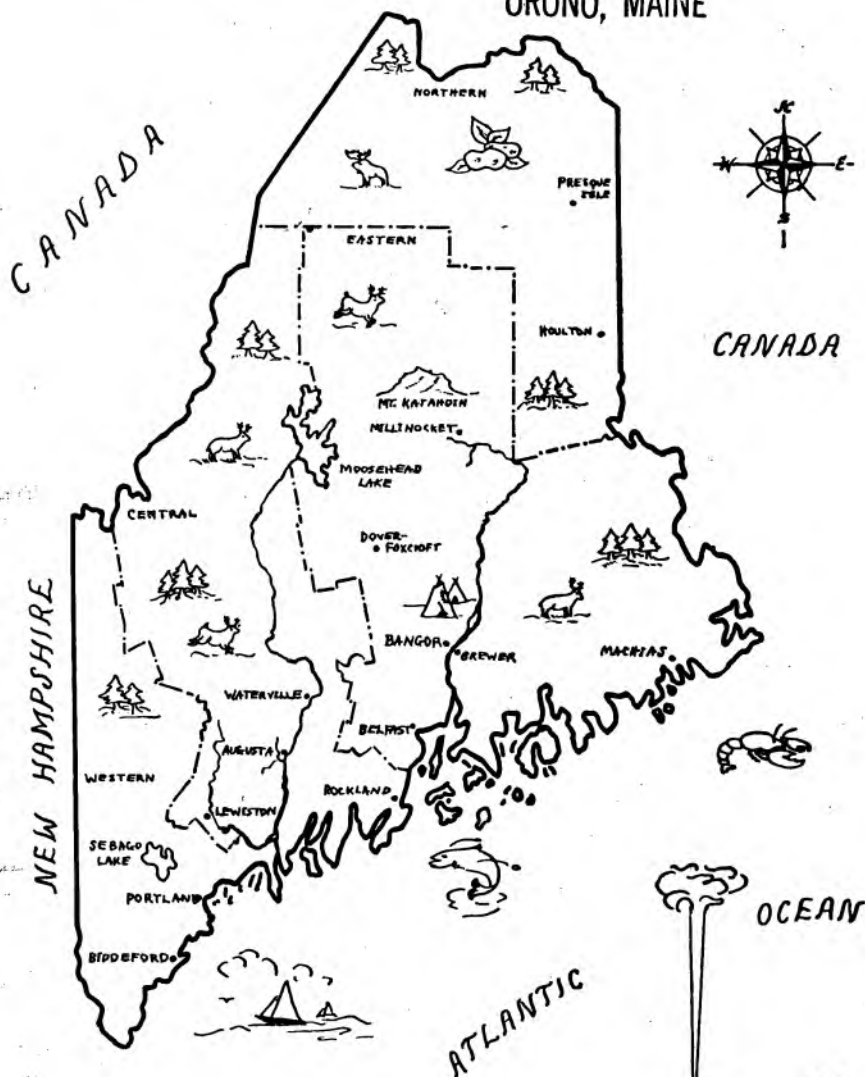
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THE MAINE R.N.

September, 1953



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ORONO, MAINE



Annual Convention — MSNA and MLN
Bangor House—October 7-9

61

THE MAINE R. N.

Volume II

SEPTEMBER, 1953

Number 3

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Mrs. Aubigne C. Smith, R.N., Editor
768 Union St., Bangor, Maine

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The President's Page

YOU OWE IT TO YOURSELF

... to look carefully into your Continental Casualty Group Plan of Insurance before you pass it off as something you don't need.

... you may argue that you are adequately covered by hospital and accident insurance, and no virtue in piling on too much coverage.

... you may say to yourself that you have come this far without the protection this Group Plan affords ... why not take a chance on the future? But are you a good gambler?

It is not easy to be realistic about ourselves. We all take chances with the future and embalm ourselves with the assurance that, "This won't happen to me." When things do happen that hurt us, we go to the other extreme and moan that we have been "put upon."

The enrollment period for subscribing to this disability insurance will terminate soon after the Annual Convention. As I have pointed out to you before, this is the only time you will have the opportunity to enroll without individual screening. The advantages of the Group Plan have been reviewed and analyzed for you repeatedly. You have now only to sit down quietly and make a personal evaluation of what this protection would mean to you if you had a long illness that shut down on your earning power.

So once more, before it is too late, may I urge you to look into your Group Plan brochure exhaustively, because ... you owe it to yourself!

WELCOME

Members of the Maine
State Nurses' Association and
The Maine League for Nursing
to the Annual Meeting

October 7-9

Bangor House

Eastern District

Mrs. Ferguson To Speak On PC and PS



Mrs. Evelyn B. Ferguson, R.N.

Title: Assistant Executive Secretary, ANA Professional Counseling and Placement Service

Birthplace: Hannibal, New York

Education: Graduate of Syracuse Memorial Hospital School of Nursing, Syracuse, New York

B.S. in Nursing Education, Teachers College, Columbia University, New York

M.A. in Guidance, Teachers College University, New York

Positions Held: Instructor and Recreation Director, Syracuse Memorial Hospital School of Nursing, Syracuse, New York
Director of Student Activities, Syracuse University Hospital School of Nursing, Syracuse, New York
Social Director, Hurley Hospital School of Nursing, Flint, Michigan

NOTICE: "The Maine R.N." is mailed ONLY to MSNA members in good standing for the current year, and to current subscribers. If you do not receive your copy, check on an incorrect address in our files, or unpaid dues!

1953 Annual Convention The Maine State Nurses' Association and The Maine League for Nursing

THE BANGOR HOUSE

OCTOBER 7th - 9th

BANGOR, MAINE

WEDNESDAY, OCTOBER 7th

P. M.

7- 9:00 Joint Registration—Maine State Nurses' Association
Maine League for Nursing

8:00 Executive Board Meeting—Maine State Nurses' Association
..... Lobby, Bangor House
..... Doctors' Library, Eastern Maine General Hospital

THURSDAY, OCTOBER 8th

A. M.

8- 9:00 Joint Registration—MSNA and MLN Lobby, Bangor House

9-11:00 GENERAL SESSION—Maine State Nurses' Association, Main Dining Room
Mrs. Josephine Clough Philbrick, R.N., President, presiding

Invocation Sister Mary Laetitia Plona, R.N.

Address of Welcome John J. Flaherty, Jr., Chairman Bangor City Council

Response Miss Katherine Donley, R.N., 1st Vice-President, MSNA

Secretary's Report Mrs. Viola C. Cyr, R.N.

Treasurer's Report Mrs. Ina Bean, R.N.

Auditor's Report Mrs. Ina Bean, R.N.

Executive Secretary's Report Mrs. Aubigne C. Smith, R.N.

Report of Districts

Report of Standing Committees

Report of Special Committees

Appointment of Tellers

Appointment of Resolutions Committee

Routine Convention Business

President's Address Mrs. Josephine C. Philbrick, R.N.

11-12:30 Meeting of the

Board of Directors—Maine League for Nursing Ladies' Parlor

Steering Committee—MLN Division of Nursing Education . Colonial Room

Steering Committee—MLN Division of Nursing Service . . . Writing Room

**MAKE YOUR HOTEL
RESERVATION
EARLY!**

**BRING YOUR
MEMBERSHIP
CARD!**

P. M.

- 12:30 Joint Luncheon—MSNA and MLN Main Dining Room
Miss Georgina J. Patterson, R.N., President of the Eastern District, MSNA,
presiding
Invocation Reverend John Brett Fort
Speaker: Mrs. Clarence C. Little, Bar Harbor, Maine—"How Important
Is Mental Health?"
- 2:30 JOINT SESSION—MSNA and MLN Main Dining Room
Miss Eleanor M. Melledy, Acting President MLN, presiding
Speaker: Mrs. Evelyn B. Ferguson, R.N., Assistant Executive Secretary,
American Nurses' Association—"Professional Counseling and Place-
ment."
- 3:30 BUSINESS MEETING—Maine League for Nursing
- 6:30 SOCIAL HOUR—Everybody invited! Ladies' Parlor
Eastern District, MSNA, Hostess
- 7:30 BANQUET—MSNA and MLN Main Dining Room
Mrs. Josephine Clough Philbrick, R.N., presiding
Invocation Fr. Richard Harvey
Speaker: Dr. Carl W. Irwin, Neurosurgeon, Eastern Maine General Hos-
pital—"New Aspects of Neurosurgery."

FRIDAY, OCTOBER 9th

A. M.

- 8- 9:00 JOINT REGISTRATION—MSNA and MLN Lobby, Bangor House
- 9-11:00 SECTION MEETINGS—Maine State Nurses' Association
PUBLIC HEALTH—Miss Katherine Donley, R.N., Chairman, Ladies' Parlor
Speaker: Miss Ruth Thorndike Clough, Consultant on Health Education,
State of Maine Department of Health and Welfare—"Health Education
in the State of Maine."
ADMINISTRATIVE—Miss Mildred Richards, R.N., Chairman
. Colonial Room
Socio-drama—"The Head Nurse at Work"
EDUCATIONAL ADMINISTRATORS, CONSULTANTS, AND TEACH-
ERS—Miss Mildred I. Lenz, R.N., Chairman Room 140
GENERAL DUTY—Miss Alfreda M. Roy, R.N., Chairman . . English Room
PRIVATE DUTY—Mrs. Ruby B. Kelley, R.N., Chairman . . Writing Room
STUDENT AUXILIARY—Miss Nellie Jose, President Room 45
- 12:00 N. LUNCHEON—MSNA and MLN Main Dining Room
Miss Mildred Richards, Chairman of INSA Section, presiding
Invocation Reverend Arlan Baillie
Speaker: Miss Mary Leo, Executive Secretary, The Maine Cancer Society,
Inc.—"An Inside View of the Cancer Society."

Admission to Sections

will be by

Membership Card Only!

DON'T FORGET

YOUR

BY-LAWS!

P. M.

- 2- 3:00 CLOSING BUSINESS SESSION—Maine State Nurses' Association
Mrs. Josephine Clough Philbrick, R.N., presiding
- 3- 4:30 CLOSING BUSINESS SESSION—Maine League for Nursing
Miss Eleanor M. Melledy, R.N., presiding Main Dining Room
- 4:30 MSNA EXECUTIVE BOARD MEETING Writing Room
MLN BOARD OF DIRECTORS' MEETING Ladies' Parlor

The 1953 ANA Membership Card is required for admission to the business meetings of the Maine State Nurses' Association and the Maine League for Nursing.

VOTING BODY

The voting body at all meetings shall consist of only active members. (Maine State Nurses' Association By-laws, Art. II, Sec. 2).

BALLOTS

To obtain a ballot, a delegate will present to the teller her ANA 1953 membership card duly signed by the secretary.

The Bangor House
Headquarters for the State
Convention of the Maine
State Nurses' Association
and the Maine League for
Nursing.

October 7-9, 1953

We are very proud of our
hundred newly decorated and
refurnished rooms.

174 Main Street, Bangor

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FOR NURSES' SHOES
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Lewiston, Maine

NLN Announces New Associate Director

Anna Fillmore, general director of the National League for Nursing, announced the appointment of Helen Nahm as an associate director of NLN and director of its Division of Nursing Education. She succeeds Julia Miller who recently resigned.

Miss Nahm has been director of NLN's Department of Baccalaureate and Higher Degree Programs and of the organization's Accrediting Service. Prior to 1952 when the National League for Nursing was formed and assigned responsibility for accrediting, Miss Nahm had headed the National Nursing Accrediting Service, then under the auspices of the Joint Boards of Directors of the six national nursing organizations.

As a former director of several schools of nursing, Miss Nahm has had wide experience as an administrator and as a nursing educator. She has been director of the University of Missouri School of Nursing and of Hamline University School of Nursing. Miss Nahm also was director of the Division of Nursing Education and, earlier, professor of nursing education at Duke University.

A graduate of the University of Missouri School of Nursing, Miss Nahm received her B.A. from the University of Missouri and her M.S. and Ph.D. from the University of Minnesota.

Life itself can't give you joy
Unless you really will it.
Life just gives a space of time—
It's up to you to fill it!

Mrs. Clarence C. Little To Speak On Mental Health

Mrs. Clarence C. Little of Bar Harbor is to be the speaker at the MSNA-MLN annual meeting luncheon on October 8 at the Bangor House. Her topic will be: "How Important Is Mental Health?"

Mrs. Little was educated in the Boston Public Schools, Barnard College, and the University of Maine where she received her A.B. degree and her M.A. in Biology. She has also done graduate work at Columbia University, the University of California, and the University of Geneva in Switzerland.

Since her marriage to Dr. Clarence C. Little in 1930, she has lived at Bar Harbor, Maine, where Dr. Little has been the Director of the Jackson Memorial Laboratory since its inception in 1929. Having always been interested in scientific research and education as well as Public Health, Mrs. Little has included in her many and varied activities such positions as County Commander for the Cancer Society's Field Army against cancer, Chairman of the Mental Hygiene Committee of the State Federation of Women's Clubs for Hancock County, Chairman of the Bar Harbor Nursing Committee of the American Red Cross, President of the Bar Harbor Y.W.C.A., and many others.

Mrs. Little's professional experience has included a medico-social service position in a maternal health clinic in New York City, personnel work in the Boys' Club Federation of America, and Advisor to Women for three years at the University of Michigan.

At present she is a trustee of the University of Maine, on the program committee of the Eastern Maine Mental Hygiene Association, Director and Clerk of the Jesup Memorial Library at Bar Harbor. Mrs. Little has also served as Public Relations Officer of the Jackson Laboratory for four years and an invaluable assistant to Dr. Little in his scientific research interests.

Compliments of

The Maine State
Industrial Nurses'
Association

Bangor Neurosurgeon To Address Annual Convention



Realizing that excellent nursing care is essential in the adequate treatment of neurological patients, Dr. Carl W. Irwin has constantly stressed the need for special training of nurses caring for such patients.

He has always felt that nursing care is an important facet of the total management of the patient. Hospital teaching rounds, and ward discussion groups have supplemented more formal classes in neurosurgical nursing.

The need for teamwork among physicians, nurses, and attendants has been presented many times. In no specialty is it so essential as in the care of the neurological patient.

Dr. Irwin is a graduate of Madison and Bridgewater Colleges in Virginia, and received the degree of Doctor of Medicine at the University of Virginia. His internship was served at the University of Virginia Hospital. He then entered the Army where his duties varied from Surgical Ward Officer to Commanding Officer of a Station Hospital. Following this, he received specialized training in Neurology and Neurological Surgery at Albany General Hospital, Montefiore Hospital in New York, the Boston City Hospital, and the Lahey Clinic. He is a Diplomate of the American Board of Neurological Surgery and a member of the New England Neurosurgical Society. Dr. Irwin is on the staff of a number of hospitals in northern and eastern Maine.

Maine Nursing Resources

(Editor's Note—This survey, which was prepared by the Division of Nursing Resources, Federal Security Agency—Public Health Service, with Edith G. Barnes as Nurse Consultant, and in cooperation with the committee appointed by the Governor of the State of Maine, has recently been released. Mrs. Velma G. Haley, Past President of the Maine State Nurses' Association, served on the Governor's committee appointed to study the nursing needs in the State. Owing to the fact that there is a very limited supply of copies available for distribution, we are herewith reprinting the two chapters which seem most valuable to Maine's nurse population as a whole. You will find the complete survey in your Headquarters office—we hope that many of you will avail yourselves of the opportunity to read it in its entirety.)

CHAPTER I

INTRODUCTION, PURPOSE AND ORGANIZATION OF SURVEY

In June, 1951, the Governor of the State of Maine appointed a committee to study nursing needs in the State. This action was taken in response to letters from the Maine Hospital Association and the Maine State Nurses' Association expressing need for assistance in solving the problems of "nursing shortages in the State." Both of these groups recognized that the amount and quality of nursing services provided are a direct concern of all the citizens of the State. Accordingly, committee membership included representatives of citizen groups, nursing groups and allied professional groups.

The first meeting of the Governor's Committee identified the following as the most immediate problems requiring attention:

- 1) Determination of the proportion of professional nurses to other nursing personnel to be used as the guide in estimating nursing needs in the State.
- 2) Determination of the number of nursing personnel needed in all categories of nursing.
- 3) Analysis of existing sources of nurse personnel and of the adequacy of facilities for education of nurses.
- 4) Development of educationally sound programs for nursing attendants (practical nurses) in State approved schools.

At this time it was decided to request the service of a nurse consultant from the Division of Nursing Resources, United States Public Health Service, to assist in making a survey of nursing needs and resources in the State of Maine which would attempt to shed light on the above questions.

A Technical Committee of nursing and hospital representatives was appointed and consideration was given to means of financing the study. This committee later became the Executive Committee which appointed, in turn, a new Technical Committee.

Early in the planning period a letter was received from the Governor indicating that \$1,000 would be available for the survey—\$500 of which would come from the Department of Education and \$500 from the Department of Health and Welfare. At a later committee meeting it was stated that the Maine Osteopathic Hospital Association voted \$200 and the Maine State Nurses' Association, \$100 to be used for the study. It is probable that contributions also will be made by the Maine Hospital Association and the Maine Medical Council for later work of the Committee.

In Committee discussions, additional questions arose: how to get more nurses in rural hospitals; how to secure nurses who are prepared to work in special departments such as the operating room; how to increase enrollment of students in schools of nursing; how to make available other nursing personnel who are *prepared* to assist in the care of patients?

With these problems in mind, the Executive Committee, at a meeting held on February 13, 1952, outlined the specific objectives for the survey. Acceptance of objectives as listed below was voted by the Advisory Committee at the third meeting of that committee on February 26, 1952.

1. What is the estimate of the present supply of nurses on various levels in each category of nursing within this State?
2. Is there a shortage of nursing personnel in towns which have a population under 10,000, referred to in this survey as "rural areas?"
3. How many staff and supervising nurses in each field of practice do we actually need in this State?

4. Where do we secure nurses?

a. Maine schools of nursing

- 1) Are enough nurses being graduated from Maine schools of nursing annually to supply the need, and will there be an adequate supply from this source in the foreseeable future?
- 2) Is there a possibility of attracting a larger percentage of Maine high school graduates to nursing schools within the State? (Why are Maine high school graduates going out of State to study nursing?)

b. Out-of-State schools

- 1) Is the annual inflow of nurses (registered) to the State of Maine adequate to balance the outflow to other States? (Why do graduates leave the State of Maine?)
5. Is there an untapped source of nursing personnel among the inactive group in this State?
 6. If a need for licensed nursing attendants is demonstrated by the survey, what can be done in Maine to prepare such personnel?

This report attempts to answer these questions.

Nurses have been counted and estimates of needs for nursing have been made in the following categories:

Public health	Hospitals:
Private practice	General
Office nursing	Psychiatric
Industry	Tuberculosis
Nursing homes	Schools of nursing

Although this is primarily a quantitative study, there are qualitative implications in hours of care per patient per day which have been computed; in educational qualifications of key personnel in certain fields of nursing which have been reviewed; in certain aspects of nurse education such as performance on State Board examinations, number of withdrawals and reasons, clinical experience provided and entrance requirements which have been considered.

Data used in the survey were obtained from a number of sources. The State Department of Education, the State Department of Health and Welfare, the State Board of Nurse Examiners made pertinent material available.

Information pertaining to hospitals was obtained from two sources: 1) by questionnaire to 44 general hospitals, four psychiatric hospitals, and four tuberculosis hospitals; 2) by reference to a previous study made of 29 Bingham community hospitals. These two groups include all the hospitals in Maine.

Information concerning schools of nursing was obtained by questionnaires and visits; that concerning inactive nurses and out-of-State nurses, by questionnaire; data on nursing and rest homes were obtained by questionnaires. Visits were made to six schools of nursing—four hospital and two collegiate; two State psychiatric hospitals; two community and one Federal hospital; a district nursing association; and a tuberculosis association.

Members of the Technical and Executive Committees helped in the collection of data. Volunteer assistance was used in preparing the list of inactive and out-of-State nurses. A full-time secretary assigned to the consultant carried out all secretarial duties pertaining to the survey.

Information on the process and progress of the report was presented at a meeting of the Board of State Nurses' Association; and, by invitation from the Central Maine General Hospital School of Nursing Alumni Association, to alumni members and faculty and students of the Central Maine General and the Saint Mary's Hospital Schools of Nursing.

The Governor showed great interest in the survey and conferred with the consultant regarding progress of the field work.

CHAPTER VI

SOME PROBLEMS NEEDING FUTURE ACTION

The data gathered indicate that there is need for more professional nurses in specialized fields such as public health, psychiatry, and tuberculosis. Also, it is evident that the hours of nursing care given in general hospitals do not meet the standard chosen by the survey committee, although the per cent of care which is given by professional nurses exceeds the ratio set by the committee.

This chapter indicates in question form those nursing problems emerging in the process of the survey to which priority consideration might well be given. Pertinent facts from the body of the report are included with each question.

Nursing in general hospitals

How can Maine provide the desired amount of nursing care for patients in its general hospitals? Is there a possibility of better utilization of the present supply of nursing personnel?

These are the facts:

According to the standards adopted by the Technical Committee, patients in general hospitals are not receiving enough nursing care (appendix table II). This is the result of a shortage of non-professional nurses. The high proportion of professional and low proportion of non-professional nurses might mean that professional nurses are spending some of this time in non-professional nursing activities. Until the time that more non-professionals become available, it will be necessary to continue to staff the general hospitals with more professional nurses than is required by the standards.

Small hospitals seem to be as well staffed as large hospitals and urban hospitals are no better staffed with nurses than rural hospitals (appendix tables III a, b, c, d).

The ratio of supervisors to patients in Maine exceeds what is generally accepted as an adequate ratio (table 2).

Nursing in mental and tuberculosis hospitals

What level of professional nursing will the public support in mental and tuberculosis hospitals?

These are the facts:

Mental and tuberculosis hospitals need more professional nurses. Tuberculosis hospitals need to almost double the size of their present professional staffs to meet patient needs adequately (table 4). Mental hospitals need to triple their professional staffs (table 3).

The supply of non-professional nurses is not adequate in mental or tuberculosis hospitals (table 1). The shortage of non-professional nurses is especially severe in mental hospitals where the size of the present staff will have to be increased 100 per cent to meet the patients' needs (table 3).

Public health nursing.

What is the shortage of public health nurses in the State? How can additional public health nursing be provided?

These are the facts:

Maine needs 53 more public health nurses than it now has to meet the recommended ratio of one nurse to each 5,000 population (table 1). If nurses with V.N.S. are largely doing bedside nursing, the unmet need is much greater. Weather, travel distances, and lack of coordinated services tend to aggravate this shortage.

Industrial nursing

How can industrial nursing services be made available to the small industrial plant?

These are the facts:

Less than one-half of one per cent of the State's 18,215 plants have 500 or more workers (table 9). But 252 plants have 100 or more employees. Very few have industrial nurse coverage, as there is a total of only 61 industrial nurses working in the State. Most of these uncovered plants are engaged in manufacturing which is a relatively hazardous industry.

Professional nurse education

How can the quality of education provided in Maine's schools of nursing be improved?

These are the facts:

Schools of nursing in Maine need 43 additional prepared instructors to meet the standard of one instructor for each 10 students (table 1). Only seven of 20 instructors presently employed have academic degrees, although the State of Maine requires high school teachers to have a Bachelor's degree, including a specified number of hours in education, or a Master's degree in education. Nursing is on a post-high-school level. Is it not reasonable, therefore, to expect instructors of nursing students to be prepared on a level comparable to that of other post-high-school faculties?

For every ten students who are admitted to schools of nursing in Maine an average of 3.25 drop out before completing their courses (table 22). Lack of adequate selection techniques and lack of faculty persons especially prepared in counselling may be among the factors influencing drop-outs from schools.

FOR NURSES' SHOES

STANDARD SHOE STORE

Bangor, Maine

The programs of the schools could be strengthened by providing students experience in outpatient departments and in rural hospitals. For the latter experience, the use of the facilities of several hospitals which formerly conducted schools of nursing might prove beneficial to the students and to the schools.

Education of non-professional nurses

What is the need for a school for trained attendants?

These are the facts:

Very few of the 1,453 non-professional nursing personnel have had any preparation for their jobs other than some on-the-job training. It is generally accepted that at all times non-professional nursing personnel should work under the supervision of professional nursing personnel. When non-professional personnel are untrained much more professional nurse time must be given to supervision of their activities to insure that patients are receiving safe and adequate care. In order to provide training for non-professional nurses, schools can be set up either in hospitals or in vocational educational institutions.

* * * *

These, then, are the major problems which face the nursing profession in Maine. Briefly, they are:

NURSING EDUCATION

- a. Need for schools to train licensed nursing attendants (practical nurses);
- b. Need for better qualified faculty in professional and non-professional schools of nursing;
- c. Need for the support of nursing education as a public service at the State level;
- d. Need for strengthening the basic nursing program at the University of Maine; also,
- e. Need for offering to graduate nurses at the University of Maine additional courses leading to a baccalaureate degree.
- f. Need for establishing an active public relations program in re all of the above.

NURSING SERVICE

- a. Need for more non-professional nurses in general hospitals;
- b. Need for more professional and non-professional nurses in psychiatric and tuberculosis hospitals, and in public health;
- c. Need for better utilization of professional nurses in general hospitals;
- d. Need for improved personnel policies—salaries, work week, etc.
- e. Need for establishing an active public relations program in re all of the above.

Nurses by themselves can't solve these problems. Their solution requires a co-operative venture between nurses and other professional and lay groups. Such co-operation has already begun in the formulation of the survey and in the survey's fact gathering phase. It should now be carried forward even more earnestly in the drawing up of plans to meet the State's nursing problems which have been uncovered by the survey—and, most importantly, in the implementation of these plans.

Take time to laugh—it is the music of the soul.

Take time to be friendly—it is the road to happiness.

You'd Never Guess It

Although Edgar Bergen always wanted to be a surgeon, as a young man he had to drop out of medical school because expenses proved higher than his pocketbook could meet. Years later, as a star in the entertainment world, he became a patient in St. Vincent's Hospital in Los Angeles. There he met a student nurse who would soon have to drop out from her training because of her family's financial straits. The girl refused his charity when he offered to pay her expenses so she could finish her course. Bergen then made his offer on the basis of a loan, and the girl accepted. From this incident was born the Edgar Bergen Foundation, a \$50,000 fund which the actor set up to pay for the training of nurses who otherwise could not begin or go on with their studies. He charges no interest, and the nurses pay the loan back to the Foundation whenever they are able. So far over 300 graduate nurses owe their profession to him.

Reprinted from "American Magazine"—
May, 1953

OLD TAVERN FARM, INC.

2 Danforth Street

Portland, Maine

Applications For ANA

The ANA Technical Committee on Studies of Nursing Functions once again wishes to remind you of the opportunity to apply for grants under the ANA research program. The August 1953 edition of *ANA Guidelines* carries a reminder, as well as suggestions for the types of studies needed. *The American Journal of Nursing*, May 1953, describes one study of nursing activities in an article by H. Phoebe Gordon about the Charles T. Miller Hospital in St. Paul, Minnesota. *Nursing Research*, single copies of which are available for \$1.00, describes in detail two important research projects. One of these, the Pennsylvania Pilot Study of Nursing Functions, led to the defining of areas of further study and the granting of funds by ANA to the Pennsylvania State Nurses' Association for continued study.

We cannot over-emphasize the importance of sending in research applications, through your headquarters office, by November 1st, so that they may be processed by the Technical Committee before its meeting in mid-November, prior to sending recommendations to the ANA Board of Directors.

At the meeting of the *ANA Advisory Council* for 1953, in New York, Mrs. Porter said: "I believe we are in a unique position for a professional organization at the moment, that this is the opportunity of the membership to get service from the ANA in regard to advice and assistance in doing the studies which they have long wanted to do. *I do not know whether it will ever again be in a position to say to you: 'Ask us for money to do a real research project'.*"

Do not wait! Take copies of the articles mentioned above, a copy of the Master Plan for Studies, and Rules and Criteria for Grants to your nearest college or university. Many professors and graduate students in sociology, psychology, and social research are looking for opportunities for studies they can do with special grants. They can outline the projects with your helpful advice on the field of nursing. Ask them to submit a plan for study to your State Nurses' Association so you can forward it to ANA. Write to ANA Research and Statistics for copies of the Rules and Criteria and application forms. Perhaps you can plan a pilot study first by applying for an amount up to \$5,000, and then, like Pennsylvania SNA, apply later for a larger sum. Please don't delay. Act today!



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ATTENTION! ALL NURSES!

How Well Do You Know Your Tourniquets?

The Civil Defense Technical Bulletin for June 1953, published by the Federal Civil Defense Administration, announces a change in the standard tourniquet practice by civil defense lay personnel and recommends a new procedure to be followed. The new procedure resulted from careful study and evaluation of the problem by the Committee on Surgery of the National Research Council. The recommendations of this Committee have been accepted by the Federal Civil Defense Administration for use in civil defense emergencies.

National Research Council Recommendation

While the following recommendations of the Committee on Surgery of the National Research Council was made in relation to field medical air practices in military surgery, the problems which will be faced by civil defense casualty services are essentially the same. Recommendation regarding use of the tourniquet by lay personnel is equally applicable.

"In military surgery a properly applied tourniquet can be a life-saving first-aid measure. Improperly applied and used, it may increase bleeding and hasten death. *A tourniquet should be used only for life-endangering hemorrhage that cannot be controlled by other means.* It should be placed as low as possible proximal to the wound. A notation should always be made on the Emergency Medical Tag giving the location and the time of application.

"The physician who first observes the casualty should re-evaluate the need for a tourniquet applied by lay personnel, remembering that it may be fatal to loosen a tourniquet after massive hemorrhage. The practice early in World War II of releasing a tourniquet for 5 minutes every half hour has been demonstrated to be unwise as well as unnecessary. More lives were lost by such a procedure than limbs saved. It must be assumed that in a wounded soldier requiring a tourniquet a considerable quantity of blood has already been lost and the additional loss of blood with each release of the tourniquet increases the risk of fatal shock. Under these circumstances it is preferable to accept the risk of ischemic gangrene in an already badly damaged extremity than to jeopardize life from hemorrhage by removal of the tourniquet. Experience has shown that a properly applied tourniquet

may be allowed to remain undisturbed for 3 or 4 hours with relatively little risk of ischemic gangrene.

"For these reasons once a tourniquet has been applied it should not be released, no matter how long it has been applied, except by a medical officer who is prepared to control the hemorrhage by other means and to replace blood volume adequately. This is preferably done at the first hospital installation."

Federal Civil Defense Administration Recommendations

It is therefore recommended by the Federal Civil Defense Administration that the teaching of the use of the tourniquet in advanced training for civil defense lay personnel be revised as follows:

(a) It is no longer considered good first-aid practice to release applied tourniquets periodically at 15- to 30-minute intervals. Publications and practice in conflict should be reviewed and revised accordingly.

(b) A tourniquet should be applied *only for life-endangering hemorrhage that cannot be controlled by any other means.* The tourniquet should be placed as close as possible to the wound on the side toward the trunk. A notation (T) should always be made on the Emergency Medical Tag giving tourniquet location and time of application.

(c) Once applied, a tourniquet should not be released regardless of the time interval elapsed, except by a physician who is prepared to control the hemorrhage by other means, and to replace blood volume adequately. In civil defense casualty services operations this will seldom be possible prior to removal of the casualty to a first-aid station and may not be possible until the casualty is brought to a hospital. The judgment of the physician-in-charge at the first-aid station will be the determining factor.

Action by Other Agencies Concerned With Field Casualty Care

The three military services have already adopted this new technique and are altering their training manuals and field practice in the same manner. The American Red Cross and the Bureau of Mines are revising their first-aid instructions in accordance with the National Research Council recommendations.

(Editor's Note: Further copies of this bulletin may be obtained from the Supt. of Documents, U. S. Gov't Printing Office, Washington 25, D. C. Price 5 cents.)

NURSES SPEED TO FLINT TORNADO VICTIMS WITHOUT BEING CALLED

(Editor's Note: Because of the particular timeliness of this story and the value of the lessons learned in this disaster, we are taking the liberty of reprinting this article as it appeared in "The Michigan Nurse," for July, 1953.)

Have you wondered what a real disaster would be like and how you could procure nurses? We have, and we found out—in Flint, Michigan.

It all happened quickly on the night of June 8, 1953. What had appeared to be just an electrical storm grew densely black in the north and then news flashed over the radio that a tornado had struck.

Immediately, sirens screamed their way through the streets to the hospitals and all night long by ambulances, trucks, cars, and any means of conveyance available, patients poured into the hospitals—borne on doors, mattresses, benches, or stretchers. If any clothing was left on those poor bodies, it was in tatters, and they were wrapped in blankets, towels, or anything at hand, including excelsior.

They were shocked, dazed, and bleeding from many wounds, for the savage wind had twisted and torn their flesh. There were many fractures, and serious head and chest wounds, complicated by the black dirt, twigs, grass, and splinters which were ground into them.

Among the many volunteers who transported patients to the hospitals was Governor G. Mennen Williams. The next day he made rounds on all the floors and was relieved to find things under control.

By daylight, 800 or more casualties had been admitted to the hospitals of Flint and Saginaw. Many were released with first aid treatment, but at least 440 remained.

The death toll stands at 115.

Against this dark background, only a glimpse of the picture, was raised a monument of heroic selflessness which Michigan should not soon forget.

The response to the word over the radio was immediate and sincere. Doctors, nearly 100 per cent strong, and nurses—active, inactive, young, older, most of the nurses who took the "refresher courses" and even graduates and students home on vacation—all hurried to the nearest hospitals. The amazing thing was that they came without being called. In fact, there were no open lines on which they could have been called. Hospitals, Red Cross and Nursing Bureau

lines were all jammed—the latter two with wave upon wave of calls from people volunteering anything and everything from folding beds, blood, clothing, rooms, to a building for first aid, canteens, and barracks, in response to appeals over the radio.

Emergency rooms were set up in several locations, even in adjoining parking lots. A public health nurse described the Emergency Room as she saw it just before daylight. Nurses in uniforms more red than white were still at their posts, with the same quiet poise. She remarked that she had never heard more soft-spoken words and seen more kindness shown than by these nurses who had worked through the night, besides patiently answering the hundreds of fearful inquiries.

They were fearful. Families had been separated, homes obliterated, and now fathers were making the rounds of the hospitals and the morgues trying to locate their wives and children.

Volunteer nurses were augmented by industrial, public health, and office nurses who were released for the emergency. Those inactive nurses who were unable to do hospital nursing found their knowledge of great value at the Red Cross chapter house, where they assisted with calls.

Hospitals outside the city cooperated wonderfully. They released some of their top surgical nurses for two weeks to assist in operating rooms here. The Caro Hospital released their entire staff. They were replaced by married nurses with families. This was made possible when the Caro Red Cross Home Nursing chairman set up a nursery school in her own home for the children.

Besides the volunteers from Flint, a total of 200 came from Grand Rapids, Kalamazoo, Lansing, Adrian, Caro, Detroit, Ann Arbor, Mt. Clemens, Fenton, Hadley, Pontiac, Columbiaville, Midland, Davison, Imlay City, Grand Blanc, Richville, Vassar, St. Johns, Mt. Morris, Mayville, Owosso, Almont, and Milford.

A tribute is in order to the Red Cross workers and nurses who have worked so nobly since the tornado. The staff from the Midwest Area office in St. Louis are disaster experts, and their wisdom has helped immensely in getting things organized again.

Practical nurses also turned out to contribute their skills and have been a great help, as have the former hospital employees who returned. All grades of other volunteers also came to the rescue. Even high school girls who were Future Nurse Club members came in to bathe patients, many of whom had to have several baths because of the dirt ground in by the storm.

Our thanks to all of you.

The story is told of a Red Cross canteen worker who was a patient in the hospital awaiting surgery. When she heard what had happened, she left the hospital, went home for her Red Cross canteen uniform, and at 3 a. m. she and her husband were at the disaster scene dispensing coffee and food.

Many unusual jobs fell to nurses. A difficult one was that assigned to a public health nurse whose territory was the one devastated. She was assigned to the Armory, which was being used for a morgue, since she was able to identify many of the children.

After the second day, we began to relax a bit, thinking the worst was over, but we soon found out that was not true. Gas gangrene began to develop. What took place in the next 24 hours would fill another book. More and more nurses were needed, more and more supplies, more and more anti-toxin! Doctors amputated all night long and nurses worked heroically. Before long there were no new cases and everyone took a long breath. Most of the casualties had received the anti-toxin the first night, but in view of their condition when admitted the marvel was that most of them lived.

Many were the lessons learned and we share some of them with you.

1. The emergency is not over the first day. We should plan for successive climaxes and new demands on nurses.

2. We need a better way of getting in touch with nurses, for some of them did not know about it until the next day.

3. Neighbors might set up local nurseries for the smaller children of nurses in their community so the mothers could respond.

There are some things that nurses could do in their own homes if they could not get away, or that even neighbors (with supervision) could do: wash gloves, wrap dressings and gowns, roll soft bandages, and insert strings in steam clocks.

We are told that an atomic disaster would be many, many times worse. God grant that it may never come! Surely, this tornado should speak not only to Flint but to all of Michigan—BE PREPARED!

Nurses Confer On Defense

Representatives of ten state nurses' associations, nurse representatives of Army Hospital Reserve Units, and members of the 5th Army Nursing Service met at 5th Army Headquarters, Chicago, May 4-5, to discuss "The Professional Woman in Our Nation's Defense."

* * * *

Advantages open to nurses volunteering for active training with the army are greater than is generally known, speakers pointed out. They include 36 months educational benefits for 24 months active service; \$200 uniform allowance; \$200 to \$300 mustering out pay; and veteran's benefits.

The group agreed after discussion that young graduates should be encouraged to apply for one 2-year tour of active duty with the military, as a source of valuable experience in handling large numbers of patients. Every graduate nurse must count in any attempt to meet the total challenge of national defense.

(Editor's Note—These paragraphs are excerpts from an article in "The Michigan Nurse," July, 1953.)

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ANA To Make Private Duty

Early in September the Private Duty Section of the American Nurses' Association will send by direct mailing a two-part questionnaire to a ten per cent sample of the ANA Private Duty membership list.

The questionnaire is designed to help in defining functions, standards and qualifications for practice of private duty nursing. In Part I the nurses will be asked to indicate the responsibilities they assume for various nursing functions. From the questions in Part II, the section hopes to find out what private duty nurses think about their field of nursing, how they can better meet the needs of the public, and how they can obtain greater professional satisfaction in this field.

In order for the survey results to be truly representative, the section urges that each nurse who receives a questionnaire *fill it out and return it to ANA headquarters promptly*. Each reply makes an important contribution to an overall picture of the private duty nurse.

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In Memoriam

Miss Stella B. Barry, R.N., Director of the South Portland District Nursing Association died in a Portland Hospital on August 19, 1953, following a brief illness. She was a graduate of the Massachusetts Memorial Hospital School of Nursing and Simmons College where she had special courses in Public Health Nursing. She was active in the field of Public Health and in Red Cross in the Boston area and in Livermore Falls before joining the South Portland District Nursing Association in 1938. Miss Barry was an active member of the Western District of the Maine State Nurses' Association and of the NOPHN. Our deepest sympathy is extended to her relatives and her many friends.

New Faces On The Board Of Examiners

Due to extraordinary coincidence, the Board of Examiners has had a complete turnover of members during the summer months. Resignations were in order from

Sister Mary Edmund O'Neill, who was transferred to Sacred Heart Hospital in Pensacola, Florida.

Anne Mitton, who accepted a position at the Springfield Hospital, Springfield, Mass., as the Assistant Director of the School of Nursing.

Marie J. Brennan, who has accepted an assignment with V. A.

Mabel Hills, who has been called back for a tour of duty with the Army Nurse Corps.

Edith Doane, whose term of office expired.

The Governor of Maine, Burton M. Cross, has filled these vacancies with the following:

Geraldine Hiller, Augusta, Maine and Bailey Island—Educational Director, Department of Health and Welfare, Division of Nursing Service, Augusta.

Frances Jordan, Portland, Maine—Director of School of Nursing, Maine Eye and Ear Infirmary, Portland.

Mary Catherine Ragan, Portland, Maine—Director of Nursing Education, Mercy Hospital, Portland.

Louise Nawfel, Bangor, Maine—Assistant Director, School of Nursing and Nursing Service, Eastern Maine General Hospital, Bangor.

Mabel F. Booth, Bangor, Maine—Director of School of Nursing and Nursing Service, Eastern Maine General Hospital, Bangor.

AMONG US!

The sympathy of all members of the Maine State Nurses' Association is extended to Velma P. Haley, our past president, on the recent death of her husband.

Those of us who worked closely with Velma during her tour of office know only too well how severely taxed she was at times with the care of her husband and the exhausting duties of state.

We hope that she will have an easier road ahead of her, and time to explore her many interests.

In July, Amanda I. Lerch resigned as Assistant Chief of Nursing Service, U. S. Veterans' Administration, Togus, to become Chief of Nursing Service at the V. A. Center at White River Junction, Vermont. Needless to add, her resignation came as a blow to our state organization. At the time of this move, she was President of the Central District, a director of the Executive Board of the Maine State Nurses' Association, and active on many committees.

Amanda's talents were such she could carry a heavy load of extra-curricula duties and assignments. She was a thorough and careful worker, with the ability to probe below the surface and ferret out trouble. She had an uncanny knack at untangling organizational snarls.

We wish her all success in her new assignment, even while we "lick our wounds" in the loss of such an able person.

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District News

WESTERN

Polio Refresher Course Program

Monday, July 13, 1953—Mercy Hospital Auditorium

Subject: Anterior Poliomyelitis

Etiology, epidemiology, pathology, symptoms in spinal polio, general medical and nursing care in spinal polio.

Lecturer: Dr. Thomas A. Foster

Demonstration: Isolation Techniques

Positioning of Patient

Hot Packs

Wednesday, July 15, 1953—Maine General Hospital

Subject: Respiratory and Bulbar Polio

Pathology, symptoms, medical and nursing care including tracheotomy and use of respirator, rehabilitation of the polio patient.

Lecturer: Dr. Leo J. McDermott

Demonstration: Care of Tracheotomy Patient

Care of Respirator Patient

REGULAR MEETING

A regular meeting of the Western District of the MSNA was held on Sept. 16, 1953, at the Maine Eye and Ear Infirmary. The business included the naming of the delegates to the annual meeting of the MSNA in October, a discussion of forthcoming changes in date of W. D. annual meetings, and a report of the tenth Quadrennial Congress of the International Council of Nurses, presented by Gladys Marston and Ella Mae Grace who attended the Council meetings in Brazil in July.

—Mrs. Mary Anne Furbish.

NORTHERN

The Northern District conducted a Tuberculosis Institute at the Northern Maine Sanatorium in Presque Isle on June 15, 1953 from 1:30-5:00 P.M.

Dr. L. F. Carter and his assistant, Dr. J. Petukauskas, lectured on different phases of tuberculosis, the use of x-ray in diagnosis, and the benefits derived from streptomycin, and isonazamid. Several case histories were presented, and the importance of early diagnosis and treatment stressed.

Following the Institute a picnic supper was served at the Nurses' Home. Mrs. Helen Rutland of Presque Isle, Executive Secretary of the Tuberculosis Association for Aroostook County, was a guest.

All those who attended this institute feel that they now have a better understanding of tuberculosis and the problems it brings, not to the patient alone, but to the entire community.

On August 23, 1953, the members of the Northern District were entertained at a field day at the cottage of Mrs. Ruby Kelley. Dr. and Mrs. L. F. Carter of the Northern Maine Sanatorium in Presque Isle were also guests.

Dinner was served at noon and supper at 5:30 P. M. The hostess served bean-hole beans and coffee, and the guests brought other foods to complete the picnic. Fortunately to have good weather, everyone enjoyed the water sports or just relaxation in Mrs. Kelley's beautiful garden. The entire day was most enjoyable.

The Northern District held its regular fall meeting at the Nurses' Home of the Presque Isle General Hospital on Sept. 3, 1953, preceded by a meeting of the Executive Board. Mrs. Josephine C. Philbrick, President of the Maine State Nurses' Association, was a guest at both sessions, and presided at the general session, following completion of the district business, which included the naming of the delegates to the annual meeting of the MSNA in Bangor in October.

Among the topics discussed were the necessary revision of the district bylaws to coincide more closely with the state bylaws in regard to the dates of the fiscal and work year, benefits derived from early payment of SNA dues, and the value of the Group Disability Insurance plan now available to all MSNA members.

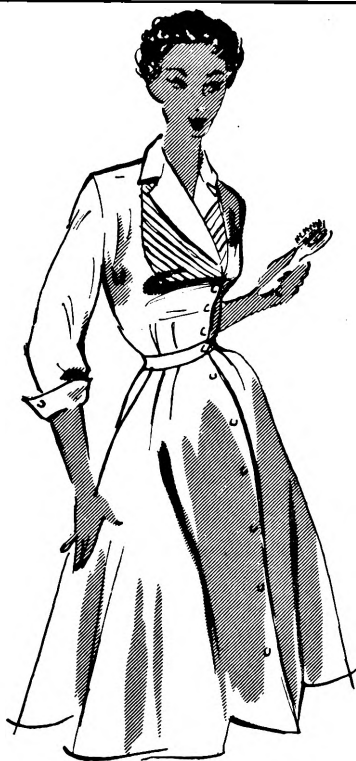
Following adjournment at 5:30 p. m., the group enjoyed a supper at the Green Acres Restaurant in Caribou.

—Mrs. Honor Purvis.

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